



Healthy Iowans belongs to everyone



By IDPH Director Tom Newton

Big corporations do it. Non-profits do it. Governmental agencies do it. It's called assessment and planning. While organizations may have different names for these activities, the concept is basically the same; you have to know where you are to know where you're going.

In public health, our objective is pretty straightforward: promote and protect the health of the people we serve. Constantly changing health issues, however, keep us on our toes. The needs of today (and the strategies for addressing them) are not necessarily those of five or 10 years ago. Nor should we assume that the issues we recognize today will be with us forever. This is why assessment—one of the three core functions of public health—is an ongoing activity.

A new approach

And so it is time once again to develop [Healthy Iowans](#), our state's five-year health assessment and health improvement plan. Scheduled for completion in October 2011, Healthy Iowans will be based on recommendations from a broad array of partners. This will include local public health departments, legislatively mandated and ad hoc health-related committees, state agencies, the business sector, and other organizations whose work directly or indirectly affects the health of Iowans.

This time, Healthy Iowans will leverage the health assessment and health planning activities that have already been completed or which are currently underway by various partners. By bringing together the planning efforts of such a broad array of partners, Iowa's updated roadmap for addressing our most critical health issues will become a framework that is much more valuable than the sum of its parts.

Recommendations form the backbone of effort

Coordinators at IDPH have already reached out to approximately 100 committees, organizations and state governmental agencies with requests for their recommendations. By Feb. 1, 2011, these partners have been asked to identify three health needs or issues that are important to their work and which they believe should be included in the state health plan.

Through the use of an online recommendation form, contributors to Healthy Iowans will be asked to respond to six questions about each health issue or need they have identified. For instance, partners will be asked how many Iowans are affected by this health need, whether current improvement plans outline specific steps for addressing the issue, and how quickly the need can be addressed.

The recommendation form will also allow recommendations to be organized into six focus areas, the names of which you may already be familiar with. They are:

- Prepare for, Respond to, & Recover from Public Health Emergencies
- Prevent Epidemics & the Spread of Disease
- Prevent Injuries
- Promote Healthy Behaviors
- Protect Against Environmental Hazards
- Strengthen the Public Health Infrastructure

Steering committee to represent Iowa's best health interests

The answers to these questions and others will then go to a Healthy Iowans Steering Committee, which I plan to appoint by the end of this year. This 15-member panel will be made up of representatives from all six focus areas as well as Iowa's six public health regions. In addition, the steering committee will include at least one representative from the business sector and two health consumers.

From February to May 2011, the Healthy Iowans Steering Committee will review the recommendations and select the most critical health needs for Iowa to address in the next five years. After considering whether any gaps exist in the recommendations received, the steering committee will review and approve the proposed objectives to address critical health needs they have identified.

By July of next year, the Healthy Iowans improvement plan itself will be drafted and released for public comment. Following consideration of any recommended changes, Healthy Iowans will be released in October 2011.

For more information, contact Jim Goodrich at jgoodric@idph.state.ia.us, or sign up for regular updates by sending a blank e-mail to JOIN-HealthyIowans@lists.ia.us.



IDPH Director Tom Newton

Data warehouse trainings held as project nears launch

*By Don McCormick**

In October the Iowa Department of Public Health began holding regional trainings for local partners who need to know how to retrieve and analyze data from the Iowa public health [data warehouse](#) for use in planning, grant writing, and answering public health related data questions. With five of 11 scheduled trainings already completed in the six public health regions, organizers have designed the trainings to ensure that at least one staff member at every county public health agency knows how to use the data warehouse.

"The data warehouse is exactly what counties have been wanting for a very long time," said Donna Sutton, assistant director of public health at Greene County Medical Center. "There is so much data now conveniently located in one place. Also, I think the system will save us a huge amount of time, since it filters data down to just what we need instead of us having to do that independently."

Under development since May 2009, the data warehouse will organize and store data from a variety of sources and provide electronic reporting and analysis. By having a number of important relevant data sets in one convenient place, users are able to easily obtain snapshots of the health of individual counties and Iowa as a whole. With this information, Iowans will be able to more efficiently determine the health needs of their communities and make more informed decisions that help promote and protect the public's health.

Say the topic of teen pregnancies appears on the agenda of a local board of health meeting. The local public health agency administrator will be able to have a trained staff member pull the most current data available on teen pregnancies in their county. In addition, she'll be able to provide the board with data on teen pregnancies in surrounding counties, those with similar demographics, and the state average. This data could then be used by the board to inform policy decisions or by the administrator to develop short-term or long-term planning that make the best use of available resources.

The warehouse currently contains census data, vital statistics related to births and deaths, inpatient discharge data, and information obtained through the Iowa Behavioral Risk Factor Surveillance System. While this release represents a major milestone in the project, work is continuing in evaluating future datasets to be added, prioritizing enhancements and improvements to the system, and assessing local and state needs related to the use of public health data.

Another feature of the data warehouse is the County Health Snapshot. This report provides an overview of key health indicators for local communities and supports dialogue about actions that can be taken to improve community health. The County Health Snapshot contains county-level measures selected by a group of local and state public health partners during the early developmental stages of the data warehouse.

"When I heard about the concept of a county health snapshot at last year's Governor's Conference on Public Health, I immediately understood its applicability," said Janice Jensen, director of Dallas County Public Health Nursing Service. "This is truly a tipping point moment for local public health in Iowa—a groundwork step toward validation and measurement of our work."

Snapshot data are organized by the six overarching goals of public health: preventing injuries; promoting healthy behaviors; protecting against environmental hazards; preventing epidemics and the spread of disease; preparing for, responding to, and recovering from public health emergencies; and strengthening the public health infrastructure. The reports also include county-level health outcomes data such as birth and death measures as well as information about population.

"The data warehouse is a great example of local and state interaction resulting in a system that will be useful for everyone working in public health in Iowa," said Jonn Durbin, coordinator of the project. "It expands the amount of data available for making data-driven decisions, which is something we do in public health every day."

For more information about the Iowa public health data warehouse, please contact Jonn Durbin at 515-281-8936 or jdurbin@idph.state.ia.us. To receive the latest updates, send a blank e-mail to join-idphdatawarehouse@lists.ia.gov.

* *Don McCormick is a public information officer at IDPH.*



New quality improvement network launched

By Joy Harris*

In October, the [Modernizing Public Health in Iowa](#) initiative, in collaboration with local public health partners, formed the Iowa Public Health Quality Improvement Network. Designed to improve practice at all levels of public health, the network began with 42 state and local partners receiving training from the [Public Health Foundation](#), a private non-profit organization dedicated to achieving healthy communities through research, training, and technical assistance.

[Quality improvement](#) (QI) has its roots in the business world but is now gaining popularity in the field of public health. QI tools help teams define the cause of a problem, identify gaps or lags in carrying out an activity, and prioritize the changes that are most appropriate or doable. Subsequently, carrying out the work of quality improvement is not only a leadership task; rather, it is the opportunity for everyone to work together to solve a problem.

Nominations pour in

As the need for the implementation of formal quality improvement activities has increased, so has need to identify individuals willing to champion quality improvement by learning about and applying QI concepts to public health practice. To identify QI champions in Iowa, local public health administrators, local environmental health administrators, and IDPH division directors were invited to nominate individuals from their respective agencies.

“The response from our local public health partners was phenomenal,” said IDPH Multi-State Learning Collaborative Coordinator Erin Barkema. “Our goal was to name four quality improvement champions per public health region. Literally within hours of the nomination period opening, we had enough nominations to fill two of the six regions.” By the time the nomination period closed, 30 local public health professionals and 12 state health department staff had been nominated to serve as champions for quality improvement in public health.

Tools used to address big issues

During the initial two-day training, QI champions worked in small groups applying basic quality improvement tools to issues that had been identified as priorities. For example: How would we increase adolescent immunization rates? How do we make sure that public health messages are being received by our stakeholders? How would we improve technical assistance from IDPH? After using each tool, groups were asked to come back to the larger group and describe what they had learned.

QI champions also participated in brainstorming activities at the end of the training to identify how they might apply QI tools when they returned to their offices. Some of these ideas included: addressing orientation of local board of health members; prioritizing topics for health improvement planning; looking at clinic flow; improving documentation procedures; and home visit tracking. At the end of the training, participants were asked to try out the tools back home.

Feedback received after the training was positive. In particular, participants commented that the idea of QI was a lot more applicable to their everyday work than



Iowa's public health QI champions.

they had previously thought. In addition, many said they learned that applying QI tools does not necessarily imply a major time investment. In one anonymous evaluation, a participant wrote, “The information used by the QI champions in the room has the ability to propel Iowa forward again with “Little QI” all the way to “Big QI” thru the public health [standards](#).”

What’s next?

In January, QI champions will return to Des Moines for their second training session with the Public Health Foundation. The January training will focus on how to lead others in the use of quality improvement tools, and will allow champions the opportunity to apply some of the advanced tools of quality improvement.

IDPH plans to support the growth of the QI champions by providing regular webinars about quality improvement. Webinars will offer the champions the opportunity to review what they learned in the initial training and problem solve as a group as partners begin applying quality improvement to public health practice. In addition, webinars will include examples of quality improvement activities from agencies across Iowa.

Ultimately, the QI champions will form a QI network by serving as quality improvement resources across the state. For now, however, the focus is on increasing champions’ knowledge and skills, empowering them with the training they need, and positioning them to serve as a resource for others.

To learn more about quality improvement in public health, visit www.idph.state.ia.us/mphi/quality_improvement.asp.

** Joy Harris is the Public Health Modernization Initiative Coordinator at IDPH.*



Iowa public health QI champions represent all six public health service regions and 26 counties.

Nat’l Children Study begins enrollment in Polk Co.

*By Juan Cadenillas**

In October, public health partners announced that they will begin inviting eligible women to participate in the largest long-term study of children’s health ever conducted in the United States. The [National Children Study](#) will examine the effects of the environment on the growth, development, and health of children across the United States. The first-of-its-kind study will follow them from before birth until age 21 years.

“We are very excited about this opportunity for our community and our children. They will contribute to and benefit from this research,” said, Rizwan Shah, M.D., principal investigator in Polk County and Medical Director of the Regional Child Protection Center at Blank Children’s Hospital.

In studying the effects of the environment on the development of children, the study will look at environmental factors such as air, water, diet, sound, family dynamics, community and cultural influences, and genetics. Ultimately, the National Children’s Study will be one of the richest research efforts geared toward studying children’s health and development and will form the basis of child health guidance, interventions, and policy for generations to come. Nationally, the study will include 100,000 children.

“Research like this is important because there are a number of pediatric diseases that we just don’t know much about, and many of these are becoming epidemics within the pediatric community,” said Jeff Murray, M.D., the study’s principal investigator and professor with the University of Iowa Roy J. and Lucille A. Carver College of Medicine, as well as colleges of dentistry, liberal arts and sciences and public health, and a pediatrician with University of Iowa Children’s Hospital.

The Polk County Study location is a collaborative initiative and one of 105 locations selected nationwide. The Study partners include Broadlawns Medical Center, Des Moines University, Iowa Health-Des Moines, Mercy Medical Center, University of Iowa, Polk County Health Department, Primary Health Care and Visiting Nurse Services of Iowa.

“Everyone has a stake in the National Children’s Study,” said Terri Henkels, director of the Polk County Health Department. “More information will lead to healthier children and adults.”

Women ages 18 to 49 at any stage of pregnancy and women who are at high probability of becoming pregnant will be invited to join the study. Participants will be selected from specific geographic areas in Polk County (Altoona, Ankeny, Des Moines, Urbandale and West Des Moines). Households were randomly selected through a scientific process from all households in the county. All households had an equal chance to be selected to ensure the survey results represent all households in Polk County. This selection will provide a representative sample of the county.

“Letters will be sent to people living in these target areas providing them with more information about the National Children’s Study,” Dr. Shah said. “And starting in mid-November, NCS staff will start a door-to-door campaign in the selected segments to enroll women.”

For more information, call 515-558-6220, write to ncsoperations@uiowa.edu, or visit www.NationalChildrensStudy.gov.

* *Juan Cadenillas is a public health planner at the Polk County Health Department.*



Dr. Jeff Murray speaks during the Children Study kick-off event in Des Moines.

Direct care worker training, credentialing model to begin in Iowa

*By Polly Carver-Kimm**

The Iowa Department of Public Health (IDPH) has received more than \$2.2 million from the Department of Health and Human Services’ Health Resources and Services Administration to develop and pilot a training and credentialing model for direct care professionals. The project grant, which provides \$748,000 per year for three years, is based on the recommendations of the legislatively-directed [Iowa Direct Care Worker Advisory Council](#).

“The focus of the project is to develop a direct care training and credentialing system that can be replicated nationwide,” said Erin Drinnin of the [IDPH Bureau of Health Care Access](#). “The goal is to provide responsive and flexible training, promote the highest quality of care, and develop career pathways to professionalize the direct care workforce in Iowa.”



The pilot project funded by the grant will target one urban and one rural geographic region of the state. The sample of direct care professionals participating in the project will work in a variety of settings and will provide services and support to Iowans with disabilities and those who are aging. IDPH will work closely with all stakeholders, including direct care professionals and employers, to encourage participation and ensure stakeholders play an active role in the development and implementation of the project.

In Iowa, direct care professionals provide the vast majority of hands-on services and support for Iowans who are elderly or experiencing illness or disabilities. Iowa Workforce Development projects that Iowa will need an additional 10,000 direct care workers by 2016.

Drinnin added that the grant and project is important to public health's mission of promoting and protecting the health of Iowans. "We hope this pilot will help us identify ways to improve recruitment and retention of individuals in this field so that we can ensure access to health, support, and long-term care services that Iowans need."

The Direct Care Worker Advisory Council was established in by the 2008 Iowa Legislature in HF 2539. The council is charged with advising IDPH regarding training and certification of direct care workers. The Council, previously known as the Iowa Direct Care Worker Task Force, was the result of a legislative effort of the Iowa Better Jobs Better Care Project (BJBC), whose purpose was to develop and implement practices and policies to improve the recruitment and retention of direct care workers. BJBC was led by the [Iowa CareGivers Association](#), and funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies.

** Polly Carver-Kimm is a public information officer at IDPH.*

Rhoads recognizes "front-line" direct care workers

The [Iowa CareGivers Association](#) recently worked with Iowa State University football coach Paul Rhoads to create a series of public service announcements highlighting the importance of direct care workers. Rhoads compares them to his front line players who he says "work in the trenches, making things happen," but who rarely get the credit they deserve. "It's what they do that makes our team successful," the coach says. Sponsored in part by the Iowa Department of Public Health, the TV spots are running on major broadcast television networks and on cable stations throughout Iowa. To view the ad, visit www.iowacaregivers.org.





IDPH Bureau of Finance

Recently, Focus spoke to Stacey Hewitt and John McMullen of the **IDPH Bureau of Finance**.

What are the primary functions of the bureau?

You might say that we keep things moving. All revenue, expenditures, goods and services pass through our bureau in some form or another. This allows program staff to concentrate on what they do best—promote and protect the health of Iowans.

How do you do this?

First, there is the administration of revenue streams—the lifeblood of nearly everything public health does. We assist in the fiscal management of monies from state, federal, and other revenue sources. Some of this funding is used for department activities, but the majority is destined for use by our contractors, such as local public health agencies. We also coordinate and regulate expenditures for goods such as office supplies and services such as preventive health services. Additional department-wide support services include issuing and monitoring the use of state vehicles, maintaining a cashier's office, handling internal and external mail, facilitating printing services and controlling inventory.

That sounds like a big job.

It is. Just to give you an idea of the volume we work with, each month we process approximately 1,500 payments to local public health departments and other contractors. We assist staff in the development of approximately 1,800 contracts with over 950 service contractors and purchase goods using over 2,300 master contracts.

You must have some pretty clear goals to guide so many different activities.

We do. They include: adhere to state and federal rules and regulations regarding financial transactions; effectively and efficiently monitor and assure accountability of public monies; ensure that the IDPH purchases the highest quality professional services from service providers at the most reasonable cost; and provide administrative services to IDPH staff so they can concentrate on programmatic activities.

Many members of your bureau were part of a team that was recently selected for a 2010 Golden Dome Award. Tell me about that.

This was quite an honor! Later this fall, the IDPH Contract Transformer team will be recognized in a ceremony at the State Capitol as one of ten teams statewide to win the Team of the Year award. The IDPH Contract Transformers team developed and implemented an electronic IDPH service contracting process using SharePoint software, a web-based document library system. The team was made up of representatives from across the department, local partners, other state agencies, and a representative from the Minnesota Department of Health.

What are the benefits of the new SharePoint system?

Electronic processing for service contracting is designed to eliminate barriers, reduce payment processing delays, and increase timeliness for competitive selection application and service contracting. Thanks to the new system, our service contractors and local partners can now take advantage of electronic distribution of contractual documents as well as electronic signature on



On Nov. 5, Director Newton presented each member of the “Contract Transformers” team with a plaque recognizing their accomplishments. Pictured with the Newton above, IDPH Bureau of Finance Chief Cheryl Christie.

legal and financial documents. Contractors, program staff, and those in the Bureau of Finance will also be able to view and share expenditure reports more easily.

What is coming up for the bureau?

Electronic expense reporting within SharePoint has been the first phase of implementation with our local partners/contractors. The next phase, planned for January 2011, will be operationalize the submission of applications for funding in response to proposals for requests for proposal, requests for application, and requests for bids.

IDPH launches flu vaccination campaign

By Polly Carver-Kimm*

The Iowa Department of Public Health (IDPH) has launched an information campaign intended to encourage Iowans to get their seasonal influenza vaccination. “The Flu Ends With U” campaign includes television ads, radio spots, web banners, and print messaging.

The visual centerpiece to the campaign is a yellow shirt with the words “I’VE GOT THE FLU.” The attention-grabbing ads suggest that it would be nice if it were this easy to tell who had influenza; then we could simply avoid people wearing those shirts. Since this isn’t possible, however, the best way to protect yourself and others is by getting a seasonal influenza vaccination every year. “It’s easy. It’s effective. The Flu Ends With U.”

“We want everyone to know that the most effective way to stop the spread of the flu is to get the flu vaccine each year,” said IDPH Immunization Bureau chief Don Callaghan. “IDPH and the Centers for Disease Control and Prevention recommend influenza vaccination for everyone over the age of six months.” This year’s flu vaccine protects against two seasonal influenza strains and the H1N1 flu.

About 300,000 Iowans get the flu every year. Healthy people, including healthy children and young adults, can get very ill from the flu and can spread the flu to others. By getting a yearly flu vaccine, you can protect yourself from illness, and protect those around you. It is especially important to be vaccinated if you have vulnerable people in your household such as babies, children with asthma, and elderly people.

Influenza is a respiratory illness that most often causes fever, headache, extreme tiredness, coughing, sore throat and a runny or stuffy nose. Occasionally, nausea and diarrhea can accompany the respiratory symptoms. The flu virus is spread when people who are ill cough or sneeze without covering their mouths and noses, sending tiny droplets of saliva into the air for others to breathe in and get sick. A person can also get the flu by touching a surface or object (such as a door handle) that has been touched by someone with the flu (who coughed into their hand), and then touching their own mouth, eyes or nose.

The flu vaccine is plentiful this year, and is available in both the “shot in the arm” and “spray in the nose” formats. Contact your health care provider or local public health department for information on upcoming flu shot clinics. For more information about ‘The Flu Ends With U’ campaign, visit www.TheFluEndsWithUlowa.com.

* Polly Carver-Kimm is a public information officer at IDPH.



Some hospital admissions down since Smokefree Air Act

By Douglas Beardsley*

In July 2008, one of our state's most significant public health policy efforts went in to effect—the [Iowa Smokefree Air Act](#) (SFAA). The SFAA bans smoking in most indoor places, including a majority of workplaces. Most public health efforts do not yield measurable results for many years. However, the SFAA has yielded some immediate and quite remarkable results. Using data submitted to the Iowa Department of Public Health from hospitals across Iowa, researchers at the University of Iowa looked at the number of monthly hospitalizations between July 2005 and June 2009 for a variety of cardiovascular diseases and conditions that are caused or exacerbated by tobacco smoke and smoking.

The results show large decreases in hospital admissions for cardiovascular diseases in the year that the SFAA was implemented (July 2008 to June 2009), compared to the average of the previous three years (July 2005 to June 2008).

Acute myocardial infarctions or heart attacks are the leading cause of death for men and women worldwide. With the introduction of the SFAA, there was an 8 percent reduction in hospital admissions, representing 483 fewer Iowans with this condition, compared to the average of the preceding three years.

Coronary (ischemic) heart disease is the single greatest cause of death in the United States. With the introduction of the SFAA, there was an 18 percent reduction in hospital admissions, representing 2,952 fewer Iowans with this condition, compared to the average of the preceding three years. The benefit appears to be getting larger over time, with a more than 40 percent decrease in coronary heart disease admissions in June 2009 compared to June 2008.

Strokes, pneumonia/flu, and asthma/COPD admissions also decreased by 5 percent, 8 percent and 2 percent respectively since the introduction of the SFAA compared with the average of the preceding three years.

* *Douglas Beardsley is the director of Johnson County Public Health. The author would like to thank: Dr. Christopher Squier, University of Iowa College of Dentistry; Dr. William Haynes, University of Iowa College of Medicine; and Joann Muldoon, Iowa Department of Public Health.*



Smokefree Air Act report released

The Iowa Department of Public Health, Division of Tobacco Use Prevention & Control (IDPH) recently released the 2nd Annual Smokefree Air Act [Compliance Report](#). This report shows compliance figures for FY10, and compares those to figures from FY09. Overall, valid complaints were registered on only 579 business in FY10, representing a 51% decrease over last fiscal year. Only 188 compliance checks were required of business in FY10, and violations were observed in only 36% of those compliance checks compared to 47% in FY09. All of this indicates that compliance with the Act in the second year has been remarkable and steadily improving. To view the full report, visit: http://www.iowasmokefreeair.gov/monitor/pdf/second_year_report.pdf.

CDC releases social media toolkit

By Don McCormick*

In the last several years, the use of Facebook, YouTube, Twitter, and other social media tools to disseminate health messages has grown significantly, and continues to trend upward. Using social media tools has become an effective way to expand reach, foster engagement, and increase access to credible, science-based health messages.

Recently released by the Office of the Associate Director of Communication at the Centers for Disease Control and Prevention, the [Social Media Toolkit](#) is designed to help health communicators get started in social media. It provides information for developing governance for social media, determining which channels will best meet your communication objectives, and helping you create a social media strategy.

According to the developers, social media and other emerging communication technologies can connect millions of voices to:

- Increase the timely dissemination and potential impact of health and safety information;
- Leverage audience networks to facilitate information sharing;
- Expand reach to include broader, more diverse audiences;
- Personalize and reinforce health messages that can be more easily tailored or targeted to particular audiences;
- Facilitate interactive communication, connection, and public engagement; and
- Empower people to make safer and healthier decisions.

In other words, integrating social media into health communication campaigns and activities allows health communicators to leverage social dynamics and networks to encourage participation, conversation, and community, all of which can help spread key messages and influence health decision making.

Social media also helps to reach people when, where, and how they want to receive health messages; it improves the availability of content and may influence satisfaction and trust in the health messages delivered. Likewise, tapping into personal networks and presenting information in multiple formats, spaces, and sources helps to make messages more credible and effective.

Tools introduced in the new toolkit include buttons and badges, image sharing, content syndication, RSS feeds, podcasts, online video sharing, widgets, e-cards, electronic games, mobile health, micro-blogs, blogs, social networking sites and virtual worlds. The kit also contains a discussion of social media efforts that were introduced during recent H1N1 influenza response efforts.

For more information and to download the toolkit, visit www.cdc.gov/healthycommunitiesprogram/tools.

* Don McCormick is a public information officer at IDPH.



PHAB Issues Call for Board of Directors Nominations

The [Public Health Accreditation Board](#) (PHAB) has issued a call for [nominations](#) to the Board of Directors. Nominations are being sought from individuals with backgrounds and experience in many different areas of public health practice.

PHAB's purpose is to develop, implement and oversee a national voluntary public health accreditation program. PHAB is a non-profit, 501 3(c) organization. The board has ultimate authority for strategic leadership and determining organizational policies and for overseeing their implementation. In terms of oversight of the accreditation process, the board has responsibility for many areas of accreditation development including approving standards/measures, granting accreditation, and overseeing the appeals process.

The term is three years, beginning in 2011. The Board meets quarterly, but expectations of participation on board committees include presence at those committee meetings and on conference calls in between official board meetings.

IDPH encourages you to consider nominating candidates with experience and knowledge of accreditation and quality improvement. For information about how to nominate yourself or a colleague, please see PHAB's special announcement regarding the call for nominations at <http://archive.constantcontact.com/fs030/1102084465533/archive/1103845983091.html>.



*Advancing
public health
performance*

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